

CONCEPT OF OPERATIONS (CONOPS) FOR HQDASG/USAMEDCOM SPECIAL MEDICAL AUGMENTATION RESPONSE TEAMS (SMART)

1. INTRODUCTION

REFERENCES

- a. FM 8-42 Combat Health Support in Stability and Support Operations
- b. FM 100-19 Domestic Support Operations
- c. The Federal Response Plan for PL 93-288 as amended
- d. Defense Against Weapons of Mass Destruction Act of 1996
- e. Sec 1414 PL 104-201 FY 1997 Defense Authorization Act
- f. DADCSOPS DOMS CONOPS for Chemical/Biological Rapid Response Team

1.1 AUTHORITY

The US Army Surgeon General, in consultation with the Chief of Staff of the Army, the Director of Military Support and applicable Federal and Department of Defense regulations, requires designated HQDASG/USAMEDCOM assigned, attached or associated individuals and organizations to develop and

maintain special organized, trained and equipped Special Medical Augmentation Response Teams (SMART).

1.2 REQUIRED TEAMS

- Trauma/Critical Care (SMART-TCC)
- Chemical/Biological (SMART-CB)
- Stress Management (SMART-SM)
- Medical Command, Control, Communications, Telemedicine (SMART-MC3T)
- Preventive Medicine/Disease Surveillance (SMART-PM)
- Burn (SMART-B)
- Veterinary (SMART-V)
- Health Systems Assessment and

Assistance (SMART-HS)

1.3 TEAM COMPOSITION

The teams are composed of US Army officers, warrant officers enlisted soldiers and civilian employees of the Department of Defense capable of deploying to aid local, state and Federal units, agencies, bureaus and officials in domestic support, civil-military cooperative assistance, disaster relief and humanitarian assistance operations.

1.4 RESPONSIBILITIES

1.4.1 HQDASG/USAMEDCOM ASSISTANT SURGEON GENERAL, FORCE PROJECTION

- Overall responsibility.
- Policy, supervision and oversight to organize, train, equip, deploy, employ and redeploy the SMART teams.
- Validate and resource special equipment requirements; periodically test and evaluate the SMART teams; develop, monitor and report SMART readiness reporting requirements.
- Establish, maintain an officer

liaison position with Health and Human Services Office of Emergency Preparedness (HHS/OEP).

- On order, deploy assigned SMART-HS teams to designated incident sites.

- Organize, train and equip 4 - SMART-HS teams using existing resources.

1.4.2 HQDASG/USAMEDCOM ASSIGNED REGIONAL MEDICAL COMMANDS

- On order, deploy assigned SMART teams within assigned regional medical boundaries.

- Be prepared to deploy outside of regional boundaries to other national/international incident sites.

- Organize, train and equip 1 - each of the following SMART teams within existing resources:

- SMART-TCC

- SMART-CB

- SMART-SM

- SMART-MC3T

1.4.3 CENTER FOR HEALTH PROMOTION AND PREVENTIVE MEDICINE

- On order, deploy assigned SMART-PM teams to designated incident sites.

- Organize, train and equip 3 - SMART-PM teams using existing resources.

1.4.4 UNITED STATES ARMY MEDICAL RESEARCH AND DEVELOPMENT COMMAND, UNITED STATES ARMY INSTITUTE OF SURGICAL RESEARCH

- On order, deploy assigned SMART-B teams to designated incident sites.

- Organize, train and equip 2-each SMART-B teams using existing resources.

1.4.5 US ARMY VETERINARY COMMAND

- On order, deploy assigned SMART-V teams to designated

incident sites.

- Organize, train and equip 4-each SMART-V teams using existing resources.

2. PURPOSE

This CONOPS proposes the missions, policies, concept of operations and assigns responsibilities for providing Military Support to Civil Authorities (MSCA) during disaster, civil-military cooperative action, humanitarian and emergency services incidents in the United States, its territories or possessions and OCONUS Unified Command areas of responsibility.

3. MISSION

On order of HQDASG/USAMEDCOM, at the request of legitimate civil, Federal or Defense authorities, using appropriate, recognized and approved channels, designated units will deploy Special Medical Augmentation Response Teams to provide short duration, medical augmentation to regional domestic, Federal and Defense agencies

responding to disaster, civil-military cooperative action, humanitarian and emergency incidents. Be prepared to deploy out of regional sector.

4. STRUCTURE

SMART teams are task organized based on the factors of METT-T and the medical mission/risk analysis in order to provide the appropriate level of response and technical augmentation to civil and military authorities.

4.1 TRAUMA CRITICAL CARE TEAM

Alert, assemble, issue a Warning Order within 12-hours of no-notice notification; deploy within 12-hours of the Warning Order from any of the six Regional Medical Centers. Provides world-class medical augmentation (technical advice and support) to local medical authorities in disaster/mass casualty incidents. Capabilities include:

- Technical expertise in triage, advanced resuscitation, trauma management, emergency operative support and evacuation.

- Emergency medical care using on-scene facilities/resources and backpack/hand carried trauma kits.

- Assistance to civil authorities in determining follow-on specialty skills and medical resources required to resolve the incident.

- Assistance to authorities in developing a trauma/critical care transition plan which facilitates an orderly return to pre-incident operations.

4.2 CHEMICAL/BIOLOGICAL TEAM

Alert, assemble, issue a Warning Order within 12-hours of no-notice notification; deploy within 12-hours of the Warning Order from any of the six Regional Medical Centers. Provides world-class augmentation (technical advice and support) to local medical authorities in the detection, neutralization and containment of chemical, biological or associated hazardous materials in accidental or Weapons of Mass Destruction (WMD) related incidents. Provides assistance to local authorities during consequence and

crisis management phases of operations. Capabilities include:

- Technical expertise in response preparation; personal and patient protection measures; patient decontamination; initial medical treatment and patient handling.

- On-scene technical advice and support augmentation during crisis management/consequence management operations.

- Assistance to civil authorities in determining/acquiring follow-on medical resources, supplies and equipment required to resolve the incident.

- Assistance to authorities in developing a transition plan which facilitates an orderly return to pre-incident operations.

- Level 1 protection for team members for 24 hours.

4.3 STRESS MANAGEMENT TEAM

Alert, assemble, issue a Warning Order within 12-hours of no-notice notification; deploy within 12-hours of the Warning Order from any of the

six Regional Medical Centers.

Provides world-class medical augmentation (technical advice and support) to local medical authorities in the management of stress related casualties associated with disaster/mass casualty incidents.

Capabilities include:

- Technical expertise in stress casualty triage, treatment and evacuation.

- Assistance to civil authorities in determining follow-on specialty skills and medical resources required to resolve the incident.

- Assistance to authorities in developing a stress management transition plan which facilitates an orderly return to pre-incident operations.

4.4 MEDICAL COMMAND, CONTROL, COMMUNICATIONS TEAM

Alert, assemble, issue a Warning Order within 12-hours of no-notice notification; deploy within 12-hours of the Warning Order from any of the six Regional Medical Centers. Provides medical command, control and communications to any of the

deployed SMART teams; provides world-class telemedicine augmentation (technical advice and support) to local medical authorities in disaster/mass casualty incidents. Capabilities include:

- Initial on-scene incident assessment; capabilities to task organize and call forward additional tailored teams, supplies and equipment.
- Basic manportable communications equipment sufficient to communicate intra and inter-team and to home base.
- Technical expertise and manportable telemedicine equipment sufficient to install, operate and maintain a rudimentary, emergency telemedicine capability from a remote field site.
- Assistance to civil authorities in communicating emergency patient and provider needs; providing local authorities with medical situational awareness.

4.5 PREVENTIVE MEDICINE/DISEASE SURVEILLANCE TEAM

Alert, assemble, issue a Warning Order within 12-hours of no-notice notification; deploy within 12-hours of the Warning. Provides world-class preventive medicine augmentation (technical advice and support) to local medical authorities in all aspects of disaster relief.

Capabilities include:

- Perform on-site initial health threat assessments, limited and rapid hazard sampling, monitoring, and analysis, health risk characterization, and needs assessment for follow-on PVNTMED specialty or other medical treatment support in the AO.
- Prepare PVNTMED estimates.
- Perform analysis of, but not limited to-
 - Endemic and epidemic disease indicators within the AO.
 - Environmental toxins related to laboratories, production and manufacturing facilities, nuclear reactors, or other industrial operations.
 - Potential NBC hazards.
- Provide medical threat information and characterize the health risk to deployed forces or

civilian populations.

- Provide guidance to local health authorities on surveying , monitoring, evaluating, and controlling health hazards relative to naturally occurring and man-made disasters.

- Assist local health authorities in surveying, monitoring, evaluating , and controlling health hazards relative to naturally occurring and man-made disasters.

4.6 BURN TEAM

Alert, assemble, issue a Warning Order within 12-hours of no-notice notification; deploy within 12-hours of the Warning Order. Provides world-class medical augmentation (technical advice and support) to local medical authorities in the triage, treatment, stabilization, care and evacuation of burn patients associated with disaster/mass casualty incidents. Capabilities include:

- Technical expertise in burn triage, advanced burn resuscitation, trauma management and evacuation.

- Emergency medical care using on-scene facilities/resources and backpack/hand carried trauma kits.

- Assistance to civil authorities in determining follow-on specialty skills and medical resources required to resolve the incident.

- Assistance to authorities in developing a trauma/critical care transition plan which facilitates an orderly return to pre-incident operations.

4.7 VETERINARY TEAM

Alert, assemble, issue a Warning Order within 12-hours of no-notice notification; deploy within 12-hours of the Warning Order. Provides world-class veterinary augmentation (technical advice and support) to local medical authorities in the management of veterinary events, incidents and consequences associated with disaster/mass casualty incidents. Capabilities include:

- Technical expertise in

- Emergency medical care using on-scene facilities/resources and backpack/hand carried trauma kits.

- Assistance to civil authorities in determining follow-on specialty skills

and medical resources required to resolve the incident.

- Assistance to authorities in developing a trauma/critical care transition plan which facilitates an orderly return to pre-incident operations.

4.8 HEALTH SYSTEMS ASSESSMENT AND ASSISTANCE

Alert, assemble, issue a Warning Order within 12-hours of no-notice notification; deploy within 12-hours of the Warning Order from any of the six Regional Medical Centers.

Provides world-class medical augmentation (technical advice and support) to local medical authorities in health system-wide and facility infrastructure assessment and reconstitution. Capabilities include:

- Full spectrum health facility medical architecture/engineering advocacy, coordination, assessment, planning, assistance and action.
- Technical expertise in health facility assessment and planning from facility physical plant damage assessment to health facility and systems reconstitution, repair and maintenance.

- Assistance to civil authorities in restoring the health care delivery system using hand carried equipment and resources.

- Assistance to authorities in developing a health facilities repair/reconstitution transition plan which facilitates an orderly return to pre-incident operations.

5. CONCEPT OF OPERATIONS

5.1 COMMANDER'S INTENT

I want the designated SMART teams within each of the Regional Medical Centers and other Major Subordinate Command areas capable of deploying year-round, within 12-hours of a Warning Order, within geographically assigned regions, in support of legitimate emergency incidents and specifically at the request of proper civil or Federal authorities. Our SMARTs will not compete against, nor supplant DOMS, USCINCOM, USCINCPAC, USCINCSOUTH, USCINCENT, USCINCEUCOM, HHS/OEP, FEMA, other Federal Emergency Operations agencies and US Army TO&E organized units. I

expect SMARTs to be world-class subject matter experts, sufficiently trained and prepared for their missions. I envision teams deploying using standard and non-standard transportation assets to rapidly arrive at the incident site. SMARTs will employ in-house, off-the-shelf, resources in backpack, manportable kits capable of sustaining themselves and their missions for 72 hours. HQDASG/USAMEDCOM and Major Subordinate Commands will be prepared to provide command and control elements and other support as required to quickly get the right mix of teams into operation. No team will deploy without deployment orders, a mission statement, risk assessment, concept of operations, link-up and reporting instructions. Teams will travel light and be self supporting; they must not become logistics, administrative or communications burdens. Upon arrival at the incident site, I expect the SMART to establish coordination with the senior military or civilian command and control headquarters in order to offer technical assistance and receive instructions for the team's employment. I hold the senior leader of the SMARTs responsible for the health, welfare and safety of team members and expect them to

represent the AMEDD in a disciplined, uniformed and technically competent manner. SMARTs need to remember their principal role is a supporting/augmenting one; technical advisors, augmentees serving as teachers, coaches. I don't want our teams over-committed, entrenched in long-term commitments of personnel, services and materiel. No take-overs; I want our forces clearly working for the supported civilians. Get in, link-up, coordinate, integrate, synchronize, support, pass-off, get out as quickly as possible after an appropriate release/hand-off by the senior military on scene commander. I'll expect a full debriefing upon redeployment. As always, keep your chain-of-command informed.

b. SMARTs are designed to support regional domestic, permissive, non-*in extremis* events. No arms, ammunition or explosives are authorized for employment.

c. SMARTs will typically support disaster, civil-military cooperative action, humanitarian and emergency services in five phases:

(1) Phase I, Predeployment, Alert, Assembly

- Begins when a team is placed in 12-hour recall status.

- Major actions:

- Team brief-up, rehearse.
 - Medical force protection actions.
 - Alert, assembly.
 - Risk/mission analysis.
 - Event monitoring, mission briefing.
 - Request transportation.
 - Higher HQ/interagency coordination.

- Phase ends when team begins to deploy.

(2) Phase II, Deployment

- Begins when team begins to deploy.

- Major actions:

- Send departure report.
 - Arrive at the event site; send closure report.
 - Establish liaison with senior civil or military authorities.
 - Determine OPCON status; receive mission brief.

- Phase ends when entire team

arrives.

(3) Phase III, Employment

- Begins when team is mission capable.

- Major actions:

- Provide assigned SMART mission support and advice.
 - Develop a transition plan for team withdrawal.
 - Prepare for redeployment.
 - Send a SITREP each 24-hours to HQ.

- Phase ends when team advisory mission is complete.

(4) Phase IV, Transition to Local/State/Federal Agencies

(5) Phase V, Redeployment

- Begins when redeployment activities begin.

- Major actions:

- Team redeploy; sends departure report.
 - Team arrives home station; sends closure report.
 - Team debriefed; initial after

action report produced.

- Repack, refit equipment sets.
- Team released from mission.

- Phase ends when all teams members return to home station.

6. ADMINISTRATION AND LOGISTICS

a. Deployment Platforms:

- When possible to meet employment timelines, SMARTs will employ US Government ground (GSA contracted cars, trucks, vans) or air conveyances (military fixed and rotary wing) using routine GTRs provided by the installation transportation offices.

- When DoD conveyances are not available, standard and non-standard commercial air and ground transportation (rental cars, trucks, vans) will be employed using valid DD Form 1610 Travel Orders, Class A money or Government Credit Card.

b. Backfill for Deployed SMART Members: Under most circumstances, units will absorb backfill for deployed SMART members from organic regional resources. Under

unique circumstances and durations of deployment beyond 72 hours, HQDASG/USAMEDCOM may selectively redistribute, personnel or equivalent resources to supporting units.

c. Duration of Deployment: Teams should deploy with sufficient food, clothing, personal hygiene and equipment to sustain themselves in an austere environment for 72 hours.

d. Sustainment: No sustainment is planned after 72 hours; team missions should be completed and redeployment commenced. If extenuating or mitigating circumstances require HQ approved mission extensions, team members should locally procure or formally obtain logistical support from the local civil or Lead Federal Agency.

e. Deployment Orders. SMART Members will deploy on DD Form 1610. Special remarks should indicate the following:

- Field rations/billeting should be achieved as soon as possible.

- Personnel authorized to travel in civilian clothes.

- Personnel are medical officers

performing medical duties at the direction of the Secretary of the Army and are authorized to carry controlled medical substances.

- Personnel are authorized excess baggage.

- Deviations authorized.

f. Meals/Lodging: Team members will sustain themselves within US Government designated per diem rates for the operational area. Members will attempt to employ locally available civil or military contracted quarters, rations and subsistence. Field rations (Meals Ready to Eat) should be the basis of the first 72 hours meals in austere locations.

g. Contraband: No team member will deploy/employ/redeploy with alcohol, privately owned weapon(s), ammunition, explosives or pornographic materials.

h. Personal Conduct: Until otherwise changed by an attachment or OPCON status directed by the senior Federal official or senior supported military commander, deployed SMART members will not consume alcoholic beverages on or

off duty.

I. Medical Force Protection: All required immunizations and force medical protection actions will be completed prior to executing any SMART mission.

j. Risk Assessments: A properly completed Army Risk assessment will be performed prior to executing any SMART mission.

k. Uniform and Equipment:

(1) Deployment/Redeployment Uniform Common to All: Rough civilian clothing is authorized when using commercial conveyance.

(2) Employment Uniform Common to All: Seasonal BDU with visible Red Cross armband on left arm; where appropriate, scrubs, specialty clothing and physical training uniform is authorized. The Red Cross Armband will be worn and kept visible on the left arm throughout the operation.

l. Hazardous Cargo: Team deployment sets will meet all US Army, USAF, NTB and DOT hazardous cargo, stencil and briefing requirement.

m. SMART Equipment: Due to the limited SMART mission, scope and endurance, SMARTs will deploy with manportable supplies and equipment kits using commercial backpacks, suitcases and ruggedized containers. Each equipment piece should meet commercial airframe size, weight and cube requirements.

7. COMMAND AND SIGNAL

a. Command:

b. Deployment Orders:

c. Badges and Credentials: Deploying unit HQ will backstop the professional credentials of the deployed SMART members. This includes confirmation of their service status, unit of assignment, clinical credentials and license status. Team members must have the following documents in their possession at all times during SMART operations:

- DD Form 2 Geneva Conventions Identification Card.

- DD Form 1934 USA DOD Geneva Conventions Identity Card.

- Notarized copy of credentials folder contents.

- Completed and signed DD Form 1610 Request and Authorization for TDY Travel of DOD Personnel.

d. Signal:

(1) Classified Material: No classified or sensitive materials will deploy.

(2) Teams deploying with local intra-team radios will employ local assigned radio frequencies and call signs; team leader will coordinate frequencies/call signs with the senior communications technician shortly upon arrival to ensure compatibility and signal non-interference.